

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 568432

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		2				
5		2				
6		2				
7		2				
8		2				
9		2				
10		2				
11		2				
12		2				
13		2				
14		2				
15		2				
16		2				
17		2				
18	1					
19		2				
20		2				
21		2				
22		2				
23		2				
24		2				
25		2				
26		2				
27		2				
28		2				
29		2				
30		2				
31		2				
32		2				
33		2				
34	1					
35	1					
36	1					
37	1					
38		2				
39		1				
40		1				
41		2				
42		2				
43		2				
44		2				
45		2				
46	1					
47	1					
48		1				
49		1				
50		3				
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52		1				
53		1				
54		1				
55		1				
56		1				
57						
58						
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96						
97						
98						
99						
100						
TOTAL IND.	7	↓		↓		↓
TOTAL DEP.	53	←		←		←
TOTAL CLAIMS	60					